“From the Boardroom to the Bedside”

Abington Jefferson Health

Abington PA

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Objectives

- Outline the strategies used to educate board members in patient safety and quality
- Describe our Executive Patient Safety WalkRound Program at Abington Jefferson Health
- Provide tactical guidance on developing your WalkRound program
The Current Environment

Health care leaders are faced with increasing complexity in understanding and responding to requirements such as:

– **Increased Transparency**
  - Quality Outcomes, Value Based Purchasing
  - Harm Outcomes: HACs, PSIs and HAIs
  - Events: to patients/families and to the State DOH

– **Improved Outcomes / Value**
  - Process Improvement
  - Care Standardization and Transitions

– **Reduced Waste**

– **Improved Patient Satisfaction**
• Uncertain and/or uncomfortable with their role in patient safety and quality
• Distanced from the bedside and traditionally received ‘report outs’ on staff activities
• Minimal ‘clinical expertise’ in order to raise questions or exercise accountability
• Focused on business, finance and strategic issues
• Board members often thought that our quality and safety was a lot better than we thought it was –or-
• Wanted to know why were not as good as others!
  – Leapfrog ratings, HealthGrades, other publically reported data.
• The ‘right’ conversations weren’t happening to educate the board and guide the complexity of understanding
• Board members roles are being redefined
“Represent the owners”

Community and business leaders

Overseers of the organization
  – Actively or Passively

Challenge the organization to be the “best of the best” and to question ‘why not?’
• Outcomes are better in hospitals where:
  – The board spends >25% of its time on quality and safety.
  – The board receives a formal quality measurement report.
  – There is a high level of interaction between the board and medical staff on quality strategy.
  – Senior executive compensation is based in part on quality and safety performance.
  – The CEO is identified as the person with the greatest impact on QI, especially when so identified by the QI executive.

Getting Our “Board on Board”
5 Major Strategies

- Lead with Passion
- Structure for Accountability
- Educate Constantly
- Learn and Experience Together
- Executive Patient Safety WalkRounds

Get leaders from the Boardroom TO the Bedside
Engaging the Board: Lead with Passion

- The CMO/Chief Patient Safety Officer (and team) are the:
  - **Architects/Designers** –
    - Charismatic voice connecting Mission & Vision for Pt Safety / Quality
  - **Storytellers** –
    - Share stories of actual harm /near misses and why they occur
    - Put a personal “face” on the story
  - **Educators**–
    - Human factors, Diagnostic Error and Cognitive Biases
    - Process / structural requirements, Technical & Adaptive solutions
    - Behaviorally – Based Error prevention techniques and Safe Practices
  - **Interpreters** –
    - Publicly reported measures in a context boards can understand.
**Structure for Accountability:**

**Establish a Pt. Safety/Quality Board Committee**

- **Story of Harm and Lessons Learned**
  - Start each meeting with a patient safety story / message
  - Connect to the values and behavioral expectations

- **Dashboard/Scorecard: The DATA**
  - Patient Safety Metrics: SSER, Hand Hygiene, Event Reporting, Harm Scores, etc.
  - Quality Metrics, Readmissions, Satisfaction, Value, etc.
  - Inpatient and Outpatient measures

- **Structured Conversations/Discussions**
  - Avoid blame; Discuss barriers/ opportunities for improvement
Engaging the Board: Through Education

- **Formal Patient Safety/Quality Board Leadership**
  - Annual Board Education on Patient Safety and Quality
    - The national environment on patient safety and quality
    - Understanding measurement, data, variation
    - Link processes and behavioral strategies
    - Review P4P, publically reported data; external ‘ratings’ (e.g. Leapfrog)
  - Orientation for new members to the board

- **Monthly Education**
  - Educational presentations at every Board Meeting
    - Related to the meeting focus or an agenda topic
    - Board member reflection of a recent WalkRound experience
• Attend Conferences with clinicians
  – IHI National Forum
  – HPI Safety Summit
• Learn from / visit other organizations
  – Baldrige National Quality Model
• Build staff and physician relationships
  – Learn from the ‘sharp end’
  – CUSP unit meetings / visits
• Conceived by Allan Frankel, MD and the IHI
• Tool to connect senior leaders and trustees with the front-line to learn the issues affecting patient safety at the point of care
• Demonstrates a commitment to creating a culture of patient safety and employee engagement.
• “Attention is the currency of leadership”
WalkRounds at Abington Jefferson Health™

- Leaders visibly demonstrate their commitment to patient safety
- Staff engages with leadership in a mutual experience aimed at sharing, understanding and improving safety and quality
- Leaders learn directly from the challenges and successes of frontline staff in open, honest transparency.
- Reinforces a “just culture” when leaders can respond to events of harm/near miss without blame.
Our Executive Patient Safety WalkRounds

• Began in 2006
• Conducted 1-2x each month
• Senior Leaders and Board of Trustees attend
  *(behavioral expectation of leadership)*
• 5 Stages of the WalkRound Process:
  (1) Logistics/Alignment to Agenda
  (2) Pre-WalkRound Briefing
  (3) WalkRound Experience
  (4) Post-WalkRound Activities
  (5) Data Collection and Follow up
• Schedule
• Time and *Time*
• Locations
• Pre-Notification of Units

• Types of Agenda
  – Appreciative Inquiry
  – “Connect to the Metrics”
    • Harm, Quality, Patient and Employee Satisfaction
  – “Could This Happen Here”
    • Harm event in the News
  – Actual event at AJH
  – New procedure/technology
  – Recognize Unit Successes in Safety/Quality
  – Voice of the Patient/Family
Logistics

- Schedule
  - Weekly
  - Monthly
Logistics

- Time and *Time*
  - 8 AM Wednesday
  - 1:30 PM Tuesday
  - 4PM Thursday / Saturday
  - 12 MN Thursday
- 60-90 Minutes in length
- Choose times based on STAFF availability then factor board availability.
- Align to the board agenda
Logistics

• Locations
  – Patient Care Units
  – Support Units
  – Operating Room/PACU
  – ICUs/NICU
  – Emergency Trauma Center
  – Pharmacy
  – Radiology
  – Laboratory
  – Cancer Center
  – Off Campus Locations
Logistics

Pre-Notification of Units

– Announced visits –
  • notify the manager several days in advance.

– Unannounced visits

Limit Participants for Best Conversations

– Ideal group is @ 4 leaders and one scribe

– Larger groups (>6) are split into 2 WalkRound teams
• **Types of Agenda**
  – Appreciative Inquiry
  – “Connect to the Metrics”
    • Harm, Quality, Patient and Employee Satisfaction
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• **Style**
  – Tracer-like
  – Focused single unit
  – Multiple units
Pre-WalkRound Briefing

- WalkRound Plan
- Issue Discussion
- Guide sheet and/or information to enhance conversation
- HIPAA briefing
- Data / Information
- Relationship of WalkRound to organizational strategy or issue
Successful elements:

- **Facilitator and Scribe**
  - Engage staff
  - Avoid manager-focused discussions

- **Opening Statements**
  - Set the Tone / Purpose

- **Scripted Questions** *(in the beginning)*
Reference Document for New Trustees

INTRODUCTION
It is often helpful to know how to start a conversation with staff during a WalkRound. A best practice is to start with the reason for the visit. A suggested opening statement might be this:

“As leaders, we spend time listening and learning from you, the front line, about the concerns and suggestions you have regarding patient safety.”

HIPAA REMINDERS

OBJECTIVES
1. Provide senior leaders and trustees an opportunity to listen and learn about issues important to staff as it relates to the safe care of our patients
2. Recognize staff efforts regarding concepts of team practice, communication and a transparent culture of reporting near misses and errors in order to create improvements.
3. Ground leaders about impacts to the "bedside" from boardroom decisions.
4. What safety issues "keep you up at night" when it comes to caring for your patients?
5. Can you think any patients we have harmed as a result of problems with how we deliver care?
6. Can you think of any events in the past few days that unnecessarily prolonged a patient's hospitalization?
7. What is the next thing that could happen that could harm a patient on your unit?
8. What should we do to prevent the next adverse event?
9. Can you think of a way in which the system or the environment fails you on a consistent basis?
10. What specific interventions from leadership would make the work you do safer for patients?
11. What changes could be made in your unit to promote patient safety more consistently?
12. Are you treated with non-negotiable mutual respect by others members of the care team?
13. Do you feel that we are "fair and just" in responding to error and harm events?

COMMON QUESTIONS / FOCUS POINTS FOR CONVERSATION
Here are some questions you can use to initiate dialogue with staff:

New types of questions:
1. What behaviors or activities on your unit create situational awareness of the risks in patient care every day?
2. Why do "things go right" so that wrong and harm don’t happen?
3. Have there been any "near miss" situations that were averted because of existing systems or processes or by an individual’s actions?
4. Are staff recognized and rewarded for their actions to promote safe care?
5. If you had a magic wand, what would you wish for that would impact safety?

SCHEDULE
An annual WalkRound schedule is available. All trustees and senior leaders are invited to participate in monthly WalkRounds. To schedule, contact Nancy Roeder at 215-448-2030 or nroeder@abingtonhealth.org
• Capture staff names, photos, comments
• Record concerns
• Senior/operational leaders follow up on the concerns
Post-WalkRound
Activities

- Thank You Notes
- Flyer to the Unit/Manager
- Reflections at the Board Committees and Patient Safety Committee
Data Collection and Follow up

- Track issues and resolutions
- Respond back to staff re: issues raised
- Measures of Success:
  - Patient Safety Culture Survey results
  - Harm metrics
  - Reporting metrics
• Measure what matters
• Primarily a vehicle to learn about safety issues at the front line.
• Set the expectation of walkround participation with all leaders
So Why Do WalkRounds?
A Trustee Testimonial
Questions?

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